

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030567

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7845

STATE FILE NUMBER

FILED AUG 15 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

HOSPITAL OR INSTITUTION

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. CITY

OR

TOWN

ST LOUIS

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

2618 Stoddard

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

Lillian

Middle

Sykes

Last

4. DATE OF DEATH

Month

Day

Year

July 29 1963

## 5. SEX

Female

## 6. COLOR OR RACE

Negro

## 7. Married

Never Married ☒

## 8. DATE OF BIRTH

9. AGE (last birthday)

18 Mar 1901

10. IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Housewife

## 11. BIRTHPLACE (City and state or country)

Miss U.S.

## 12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Joe Ward

## 13b. MOTHER'S MAIDEN NAME

Dorothy Mortar

## 14. NAME OF HUSBAND OR WIFE

Dorothy Mortar Sykes

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(If yes, give dates of service)

No

## 16. SOCIAL SECURITY NO.

No

## 17. INFORMANT

Dangerfield Sykes

## Address

2618 Stoddard

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Occlusion

## DUE TO (b)

Coronary Sclerosis

## DUE TO (c)

420.1

## INTERVAL BETWEEN ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

SUICIDE

HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

100 A

to

and last saw her

him alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Paul J. Simon

## 22b. ADDRESS

1300 Clark

## 22c. DATE SIGNED

7/31/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

3 Aug 63

## 23c. NAME OF CEMETERY OR CREMATORY

Father's Dickman

## 23d. LOCATION (City, town, or county)

St Louis

## (State)

Mo

## 24. FUNERAL DIRECTOR

Reliable Funerals

## ADDRESS

1589 Union

## 25. DATE RECD. BY LOCAL REG.

AUG 1 1963

## 26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James A. Bryant*

Licensed Embalmer No. 4441

P. O. Address 1389 Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

